EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL 'S EXPENDITURE REPORT

COVERING JANUARY 1 THROU	PRINCIPAL 'S E) FORM 501 GH JUNE 38, 2006 - DUE A IGH DECEMBER 31,	UGUST 15		PORT
Pursuant to LSA-R.S. 49:76G(2)(a), an emrequired by Title 49 on behalf of all of its exercised this option by timely filing the of their registered executive lobbyists.	Tabbyists. This reporting form I Executive Lobbying Expenditur	s only to be re Reporting	used by principals	or employees who have
Hand deliver or mail to: 2415 Quait Or OR Fax to: (225) 763-9797 or (225) 763-	•	70808		
EMPLOYER/PRINCIPAL AsiraZeneca BUSINESS ADDRESS 1800 Concord Pi	a Pharmaceuticals, LP	ton, Delawa		FOR OFFICE USE ONLY Postmark Date: CB
Street and No.	City	State	Zip	' ' '
MAILING ADDRESS Same as above			•	
Street and No.	City	State	Zip	3061316
3. CONTACT PERSON: Fish	Amber		K.	
Last	First		MI	
4. MAILING ADDRESS, 80 South Summ	it Street, Sulte 100 Akron,	Ohio	44308	
(If different from above) Street and No.	City	State	Zlp	
5. PHONE NUMBER (330) 761-9960				
	de and Phone Number	_		
6. List the names and executive lobbylst req	gistration numbers of the lobbys	sis on whose	behalf this renor	is filed:
1) Name: Barnett	Stephanle		_	
Last	First	·	EXEC.I	D.#_212
z) Name: Barrow	Patricia		L EVEN	D.# 211
Last	First		MI EXEC.	D.# ~
3) Name: Bauer	Schel bie		Α. Ενεο.	217
Last	First		^- EXEC.I	D.#_217

4) Name: Beatty	Tọnl	A.	EXEC.ID.# 242
Læst	First	MI	EXEC.ID.#
5) Name: Bird	Keith	A.	EXEC.ID.# 271
Last	First	MI	EXECUD.
6) Name: Blistan	Beth -	M,	EXEC.ID.# 230
Last	First	MI	EXEC.ID.9
7) Name: Bonin	Loree	8.	EXEC.ID.# 199
Last	First	M1	EXEC.ID.W 100
8) Name: Braud	Jeffrey	M.	EXEC.ID.# 195
Lest	First	MI.	CAECHD.F. 190
9) Name: Braun	Amy	N.	EVen in a 991
Last	First	MI	EXEC.ID.#_221
10) Name: Burleigh	Julia	G.	EXEC.ID.# 203
Last	First	MI.	EXEC.ID.#
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4) Name: Campo	Steven	M.	EXECUID # 205
Last	First	М	EXECTIO.# 200
5) Name: Cantralle	Kevin	M.	EXECUD.# 315
Last	First	MI	EXECUIDA CIO
6) Name; Capiel	David	М.	EXECUID.#. 207
Lest	First	MI	EXCONDIA
7) Name: Carter	Susan	T.	EXEC.ID.# 220
Last	First	1M	
8) Name: Cordell	Mieti	S.	EXEC.ID.# 270
Läst	First	Mi	
9) Name: Cyrus	Kerry	J.	EXEC.ID.# 216
Last	First	MI	
10) Name: Damail, Sr.	Robert	¢.	EXEC.ID.# 233
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Print or Type Full Name

Signature of Employer/Principal or Representative

Signature continued on following pages

4) Name: Eley. Jr.			
4) Mama: 2237. C.	James	₩.	EXEC.ID.# 234
Last	First	MI	TALESTID III
5) Name: Finley	Bart	ŝ.	EXEC.ID. ≠ 214
Lest	First	MI	
6] Name: Fowler	Lisa	L.	EXEC.ID.# 235
Last	First	<u>M</u> I	EXEC.ID.#
7) Name: Gaorge	Charles	E.	EXEC.ID.# 200
Last	First	 M	EXEC.ID.# 250
8) Name: Guerriero	Luke	W.	EXEC.(D.# 228
Lest	First	MI	EXECUDIT LEGISLATION
9) Marne: Hell	Alliaon	C.	EXEC.ID.# 215
Lest	First	 MI	
10) Name:_Hebert	Mark	A.	EXEC.ID.# 210
Last	First	·	EXECUID.
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hereby certify that the information contained herein is true and correct to the best of my knowledge, information and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature continued on following pages					
Signature of Employer/Principal or Representative					
Print or Type Full Name					

i) _{Name:} Helmke	Rachel	R.	EXEC.10.# 244
Last	First	MI	LILEVIID.X
Name: Hohorst	Ashley	A.	EXEC.ID,# 219
Last	Fire	MI	ERCEITE,
) Name: Hull	Dennis	R.	EXEC.ID.# 243
La x	First	MI	EXCOND.
Name: Humphries		P.	EXEC.ID.# 249
Laept	First		LAEC.ID.#
Name:_Kleinpeter	Stephen	М.	EXEC.ID.# 225
Lapt	First	110	EREG.[D.#
Name: Liles		₽.	EXEC.ID.#_198
Last	First	MI	
) Name: Manguno	Rebecca	М.	EXEC.ID.# 227
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4) Name: Mayer	Amy	F.	EXEC.(D.# 197
Last	First	MI	EXECUID.# 1V1
5) Name: McAllister	Charles	E.	EXEC.(D.# 208
Last	First	MI	EXEC.IEI.# EVU
6) Name: McCullough	Candaçe	Ł.	EXEC.(D.# 201
Last	First	MI	EXECUID.
7] Name: McDonald	Michael	J.	EXEC.ID.# 269
Last	First	MI	EREO.ID.#
Name: Milton	Rebecca	В.	EXEC.ID.# 229
Last	First	MI	
Name: O'Toole Benoit	Karen	A.	EXEC.(D.#_301
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0) Name: Puckett	Chad	E.	EXEC.ID.#_228
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	Jeri	,	
I) Name:_Ragusa Last	<u>Jeri</u>	<u>L.</u>	EXEC.ID.# 196
 -		Mfl	
Name: Rareshide	Jennifer		EXEC.ID.# 202
Lesk	First	MI	
Name: Rossle	Tracey	5.	EXEC.ID.# 206
Lost	First	Mi	
) Name: Seay	Nicholas	H.	EXEC.ID.# 314
Last	First	— <u>M</u> I	EXECIDIF STA
Name: Silvio	Jeffrey	D.	EVEO 10 = 913
Last	First	MI	EXEC.ID.# 213
Name: Sins	Amy	C.	5 v 5 g 10 4 39 1
Last	First	<u>5</u> Mi	EXEC.ID.# 231
6 —34			
) Name: Smith	Clark	E.	-v-a .a . 25A
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I hereby certify that the information contained herein is true and correct to the best of my knowledge, Information and bellef; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Signature	continued on following pages
	Signature of Employer/Principal or Representative
	Print or Type Full Name

B.

4) Name: Soileau	William	ı	EVEO 45 . 249
Lest	First		EXEC.ID.# 218
5) Name: Spancer	Adriane		51/F 400
Last	First	— .——— MI	EXEC.ID.#_438
) Name: Tergerson	Michael	D.	241
Leet	First		EXEC.ID.#_241
Name: Townson	Jennifer	L	200
Last	First	<u>~~</u> .	EXEC.ID.# 209
Name: Triplett	David	w.	
Lest	Firet	 MI	EXEC.ID.# 224
Name: Usle	Kenneth		000
Lest	First	J	EXEC.ID.#_223
) Name: Vistor	Lori	L.	770
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4) Name;_Wall	Stephan	E.	5150 th - 201
Last	First	MI	EXEC.ID.# 232
5) Namo: Zaunbrecher	Therese	М.	EXEC.ID.# 204
Last	First	МІ	
6) Name: Rosenau	Samuel	C.	EXEC.ID.# 362
Last	First	11/1	
7) Name; Schifer	Juli e		EXEC.ID.#
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(include expenditures from		\$	1,754.34
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c. Total of all executive lobb (Line "a" added to Line "b"	yying expenditures made during calendar year: 'should equal Line "c")	s ^{\$8}	81,754.34
8. COMPLETE AN ATTACHME	NT FORM for each of your registered executive tobbyls	it .	
	CERTIFICATION OF ACCURACY		
I hereby certify that	t the information contained herein is true and co	errect t	to the best of my
knowledge, informa	ation and belief, and that no information regulae	d by L	SA-R.S. 49:71 et seq.
has been deliberatei	L'aciacle Seuce	٤/	
	Signature of Employer Principal of Represe	ntative	_
	Adriane Spencer		
	Print or Type Full Name		_

EXECUTIVE LOBBYING EMPLOYER/PRINCIPAL 'S EXPENDITURE REPORT ATTACHMENT

This Attachment is to be used to complete Item #8 of Form 508, the report form for principals and employers who have elected to report on behalf of their executive lobbyists. Make as many expires of this form as needed for the completion of the expenditure report. Identify such page with a number and indicate the total number of pages being submitted.

1) LOBBYIST	Spencer	_	Adriane	•				EXEÇ I	ر 431	356	0.0	,
	Lest		first			МІ		EXEQ.	- "		a - • .	-
A.	Total of all executive (In	labbying clude exper	expenditures nditures from 3	made Jan Schedules /	uary 1 thro A and B)	Xugh June 34	O: !	s_0.00		_		_
	Total of all executive (W	labbying hen Applic	expenditures able) (includ	made July e expendib	y 1 through ares from Sc	December :hedules Alar	ber 31: \$ N/A					-
	Total of all executive (Ac		expenditures exponditure i									
8. C	Did this lobbylst mat	ke an expe	nditure exces	ding \$50	on one occ	esion for en	ежесп	tive branch	officia	l .		
	From Januar From July 1		gh June 30? December 31?		Yes Yes		No No		Ž NA			
	If the enswer to eithe	er question	in Blabove is	s YES, cor	nplete Scho	eđule A and	attach					
G.	Did this lobbyist mak	re expendi	tures exceedi	ng the sur	n of \$250 f	or an execu	tive br	anch offici	al:			
	From January 1 through			Yes 🗌 Yes 🔲		No ☑ No ☐		NA [7			
	If the answer to eith	er question	n in Cabowei	is YES, co	mplete Sch	edule A and	attaci	١.				
D. C	Did this lobbyist experience of the control of the	end funds cials were	for any reception invited during	tion, socia ig this rep	ıl gathering orting peri	g, or other fi iod?	unctio	n to which	more ti	ian twe	enty-fi	lve
		Yes 🗆	1	No	Ø					N	-	
	If the answer to D ab	ove is YES	i, complete Sc	chedule B	and attach					-		

Ε.	PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expanditures attributable to the department made by this lobbyist during the January 1 - June 3 reporting period; (c) the aggregate total of all expanditures attributable to the department made by this lobbyist during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expanditures made by this lobbyist in a calendar year attributable to the department.					
	1)	a. Name of Department: N/A				
		b. Total of all expenditures made January 1 through June 30:	s			
		c. Total of all expenditures made July 1 through December 31: (When applicable)	s			
		d. Total of all expenditures made during the calendar year:	\$ ^{0.00}			
	2)	a. Name of Department: N/A				
		b. Total of all expenditures made January 1 through June 30:	\$.			
		 c. Total of all expenditures made July 1 through December 31: (When applicable) 	s			
		d. Total of all expenditures made during the calendar year:	s			
	3)	a. Name of Department: N/A				
		b. Total of all expenditures made January 1 through June 30:	s			
		 Total of all expenditures made July 1 through December 31: (When applicable) 	s			
		d. Total of all expenditures made during the calendar year:	\$.			
	4)	a. Name of Department: N/A				
		b. Total of all expenditures made January 1 through June 30:	\$			
		 c. Total of all expenditures made July 1 through December 31: (When applicable) 	s			
		d. Total of all expenditures made during the calendar year:	\$0.00			

F.	PROVIDE BELOW (a) the name of the executive branch department and individual agency as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the agency made by this lobbyist during th January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the agency made by the lobbyist during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditure made by this lobbyist in a calendar year attributable to the agency.					
	1)	a.	Name of Department and Individual Agency: N/A			
		b.	Total of all expenditures made January 1 through June 30:	s		
		Ç.	Total of all expenditures made July 1 through December 31: (When applicable)	s		
		d.	Total of all expenditures made during the calendar year:	8_0.00		
	Z)	a.	Name of Department and Individual Agency:N/A			
		b.	Total of all expenditures made January 1 through June 30:	\$		
		ፎ	Total of all expenditures made July 1 through December 31: (When applicable)	\$.		
		d.	Total of all expenditures made during the calandar year:	s_0.00		
	3)	a.	Name of Department and Individual Agency:	·		
		b.	Total of all expenditures made January 1 through June 30:	.		
		c.	Total of all expenditures made July 1 through December 31: (When applicable)	\$.		
		ď.	Total of all expenditures made during the calendar year:	s_0.00		
	4)	8-	Name of Department and Individual Agency:			
		þ.	Total of all expenditures made January 1 through June 30:	5		
		Ċ.	Total of all expenditures made July 1 through December 31: (When applicable)	\$		
Form 50	8, Rev. 7/0		Total of all expenditures made during the calendar year: Page 163 of 249	\$		